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<p>I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.</p>	
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 09/478099  
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	50069/002002
Applicant	Anthony P. Adamis <i>et al.</i>
Title	TARGETED TRANSSCLERAL CONTROLLED RELEASE DRUG DELIVERY TO THE RETINA AND CHOROID
<b>PRIORITY INFORMATION:</b>	
This application claims priority from United States provisional patent application 60/114,905, filed January 5, 1999.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	37 pages
Claims	3 pages
Abstract	1 page
Drawings (informals)	7 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1

**FILING FEES:**

Basic Filing Fee: \$345.00	\$690.00
Excess Claims Fee: 21 - 20 x \$9	\$9.00
Excess Independent Claims Fee: 3 - 3 x \$39	\$0.00
Multiple Dependent Claims Fee: \$130	\$130.00
Total Fees:	\$829.00

- ☒ Enclosed is a check for \$829.00 to cover the total fees.  
☐ Charge [**\*\*AMOUNT\*\***] to Deposit Account No. 03-2095 to cover the total fees.  
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*Susan M. Michaud*

Signature Susan M. Michaud Reg. No. 42855

*January 5, 2000*

Date



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Sandra E. Marxen

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Signature of person mailing correspondence

APPLICATION

FOR

UNITED STATES LETTERS PATENT

APPLICANT : Anthony P. Adamis, Evangelos S. Gragoudas  
and Joan W. Miller

TITLE : Targeted Transscleral Controlled Release Drug Delivery to  
the Retina and Choroid